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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00075820         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ONMESSAGE INC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	<b>Transaction ID : SE24-0.043273</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Purpose of Expenditure SURVEY RESEARCH		Category/Type		
Name of Federal Candidate ANDY TOBIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

3599961.34

Full Name of Payee <b>ONMESSAGE INC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>	
Mailing Address 705 MELVIN DR STE 105			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	<b>Transaction ID : SE24-0.043274</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Purpose of Expenditure SURVEY RESEARCH		Category/Type		
Name of Federal Candidate ANN KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

3599961.34

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

MM / DD / YYYY  
10 / 21 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ONMESSAGE INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>		
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>			Amount <b>9567.50</b>		
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>	Transaction ID : <b>SE24-0.043294</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>		
Name of Federal Candidate <b>ANDY TOBIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>		
Calendar Year-To-Date Per Election for Office Sought <b>3599961.34</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>ONMESSAGE INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>		
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>			Amount <b>9567.50</b>		
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>	Transaction ID : <b>SE24-0.043297</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>		
Name of Federal Candidate <b>ANN KIRKPATRICK</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>		
Calendar Year-To-Date Per Election for Office Sought <b>3599961.34</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>19135.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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**10 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>PO BOX 16504</b>		Amount <b>24371.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043303</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>MARTHA MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>2293514.49</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>148051.26</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043224</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>MARTHA MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>2293514.49</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>172422.26</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**10 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 21 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">715536.56</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043234</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 17 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate AMERISH BERA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2379447.90</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>SOMETHING ELSE STRATEGIES</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 21 / 2014</div> </div>	
Mailing Address 212 GOLDEN WILLOW CT		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22450.00</div>	
City EASLEY	State SC	Zip Code 29642	<b>Transaction ID : SE24-0.043308</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 21 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate AMERISH BERA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2379447.90</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">737986.56</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DMM MEDIA INC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>		
Mailing Address 1911 N FORT MYER DR STE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22393.82</div>		
City ARLINGTON	State VA	Zip Code 22209	<b>Transaction ID : SE24-0.043293</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate SCOTT PETERS		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>GS STRATEGY GROUP</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>		
Mailing Address 350 N 9TH ST SUITE 550			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>		
City BOISE	State ID	Zip Code 83702	<b>Transaction ID : SE24-0.043272</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Name of Federal Candidate SCOTT PETERS		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 52 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">37393.82</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>IMGE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>603 KING ST 4TH FLR</b>		Amount <b>20000.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043266</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>SCOTT PETERS</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2228966.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>449149.83</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043233</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>SCOTT PETERS</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>52</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2228966.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>469149.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**10 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>455367.90</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043220</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>ANDREW ROMANOFF</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>3546978.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>175892.11</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043201</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>GWEN GRAHAM</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2072050.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>631260.01</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>SRCP MEDIA INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>201 N UNION ST</b> <b>STE 200</b>		Amount <b>25923.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043306</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>GWEN GRAHAM</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2072050.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THE TARRANCE GROUP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>201 N UNION ST</b> <b>STE 410</b>		Amount <b>13000.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Transaction ID : <b>SE24-0.043276</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>GWEN GRAHAM</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2072050.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>38923.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00075820         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1005142.49</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043199</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate JOE GARCIA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3517622.59</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">335047.50</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043200</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate CARLOS CURBELO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3517622.59</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1340189.99</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 11 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>PO BOX 16504</b>		Amount <b>27001.98</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24-0.043301</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>	
Name of Federal Candidate <b>JOHN BARROW</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2310709.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>PO BOX 16504</b>		Amount <b>24218.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24-0.043304</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>	
Name of Federal Candidate <b>JOHN BARROW</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2310709.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>51219.98</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 12 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>PO BOX 16504</b>		Amount <b>5000.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043310</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>JOHN BARROW</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2310709.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>328093.02</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043225</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>JOHN BARROW</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2310709.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>333093.02</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>MCCARTHY HENNINGS WHALEN, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>1850 M ST NW</b> <b>STE 235</b>		Amount <b>21346.11</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036-5837</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043307</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>STACI APPEL</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2090420.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>324934.51</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043235</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>STACI APPEL</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2090420.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>346280.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 21 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">123049.46</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043264</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate STACI APPEL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 21 / 2014</div> </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">962029.90</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043229</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 17 / 2014</div> </div>
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate BRADLEY S SCHNEIDER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1085079.36</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 29  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>DMM MEDIA INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address 1911 N FORT MYER DR STE 400		Amount 16663.91
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043289 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate WILLIAM L ENYART JR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DMM MEDIA INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address 1911 N FORT MYER DR STE 400		Amount 5554.64
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043290 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate MIKE J BOST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22218.55
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 16 OF 29  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>IMGE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>603 KING ST</b> <b>4TH FLR</b>		Amount <b>10000.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043267</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>	
Name of Federal Candidate <b>MIKE J BOST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>IMGE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>603 KING ST</b> <b>4TH FLR</b>		Amount <b>30000.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043268</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>	
Name of Federal Candidate <b>WILLIAM L ENYART JR</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>40000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>369587.71</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043226</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>WILLIAM L ENYART JR</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>123195.90</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043227</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>MIKE J BOST</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>492783.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**10 / 21 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 18 OF 29  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>10001.25</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043239</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>WILLIAM L ENYART JR</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>3333.75</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043240</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>MIKE J BOST</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>13335.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>86300.28</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043261</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>WILLIAM L ENYART JR</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>28766.76</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043262</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>MIKE J BOST</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>2993300.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>115067.04</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>470827.38</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043237</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>224479.68</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043263</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>695307.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>ONMESSAGE INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>		Amount <b>15000.00</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Transaction ID : <b>SE24-0.043275</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ONMESSAGE INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>		Amount <b>1816.61</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043299</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16816.61</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 22 OF 29  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>ONMESSAGE INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>		Amount <b>17500.00</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043302</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ONMESSAGE INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>705 MELVIN DR</b> <b>STE 105</b>		Amount <b>21046.00</b>
City <b>ANNAPOLIS</b>	State <b>MD</b>	Zip Code <b>21401</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043309</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>
Name of Federal Candidate <b>COLLIN C PETERSON</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3476735.28</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>38546.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>BASSWOOD RESEARCH</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>		
Mailing Address 4550 MONTGOMERY AVE STE 906			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14782.00</div>		
City BETHESDA	State MD	Zip Code 20814	<b>Transaction ID : SE24-0.043271</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	Name of Federal Candidate RICHARD M NOLAN		
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MN		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2422365.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div>		
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">103538.76</div>		
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24-0.043228</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>		
Purpose of Expenditure MEDIA		Category/ Type	Name of Federal Candidate RICHARD M NOLAN		
Name of Federal Candidate RICHARD M NOLAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MN		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2422365.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">118320.76</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 24 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 815 SLATERS LANE		Amount 838868.75
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043236 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate CAROL SHEA-PORTER	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2037508.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DMM MEDIA INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 16764.38
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043287 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate TIMOTHY BISHOP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 2101629.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	855633.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>DMM MEDIA INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1911 N FORT MYER DR STE 400		Amount 5588.13	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE24-0.043288
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate LEE ZELDIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CHRIS MOTTOLA CONSULTING, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1382 LAFAYETTE ST		Amount 12500.00	
City CAPE MAY	State NJ	Zip Code 08204	Transaction ID : SE24-0.043284
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate SEAN ELDRIDGE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	18088.13
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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Date

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 10 / 21 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 26 OF 29  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>CHRIS MOTTOLA CONSULTING, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1382 LAFAYETTE ST		Amount 6844.69
City CAPE MAY	State NJ	Zip Code 08204
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043285 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate SEAN ELDRIDGE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought 958228.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 815 SLATERS LANE		Amount 263496.44
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043221 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate SEAN ELDRIDGE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought 958228.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	270341.13
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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10 / 21 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>91782.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043232</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>AARON WOOLF</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>21</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>762572.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>88184.16</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.043230</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>JOHN FOUST</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>2005848.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>179966.56</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

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**10 / 21 / 2014**

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NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 815 SLATERS LANE		Amount 88184.16
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043231 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate BARBARA J COMSTOCK	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: VA
Calendar Year-To-Date Per Election for Office Sought 2005848.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FP1 STRATEGIES LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address PO BOX 16504		Amount 23985.00
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.043305 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate NICK J RAHALL II	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV
Calendar Year-To-Date Per Election for Office Sought 2541965.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	112169.16
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 29 OF 29  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>279156.84</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043238</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>NICK J RAHALL II</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2541965.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>68078.09</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.043265</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>	
Name of Federal Candidate <b>NICK J RAHALL II</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2541965.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>347234.93</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>9100267.55</b>

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